AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	ER/CLIA IMBER:	A. BUIL	<del></del>	N	(X3) DATE COMP	SURVE LETED
		HFD12-0002		B. WIN			02/	28/20
NAME OF I	ROVIDER OR SUPPLIER	. ,			IY, STATE, ZIP CODE		<u></u>	<u> auzu</u>
NCC			HTE E088 ONIHEAW	ST, NW STON, DC	20012			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY C IDENTIFYING INFORMA	Filli	ID PREFIX TAG	LEACH CORE	R'S PLAN OF CORRE RECTIVE ACTION SHO RENCED TO THE APP DEFIGIENCY)	37 II IN DE	coi
1 000	INITIAL COMMENT	S		1 000				-
1 056 3	An annual relicensur from February 27, 20, 2008. A random san selected from a resid males residents with disabilities. The survobservations in the greview of records, incompared of the service of the s	1008 through Februar, apple of three resident tential population of the mental retardation at the series were based in the storage of food, the clean of food preparation in the storage of the	y 28, its was five ind other sed on vs and a rts.  US je, ing and	1056				
G fo pr	his Statute is not me ased on interview and item item is a section of handler was available reparation and serving the finding includes:	d record review, the de evidence that a c able on site during t	ertified 1e					
Ot ap co we con che	bservation on Februal proximately 5:56 PM oked hot dogs on a bare observed eating d nsisted on hot dogs weese, and salad.	revealed staff placing un. At 6:30 PM resinner. The meal with a bun, macaroni	idents		1 <b>056</b>	II ato CC		
rec 200	erview with the Progra bruary 28, 2008 and r ords on February 27, 08 failed to provide ev idler.	eview of the personi 2008 and February	20	r	NCC will have a ecertified in foo	u statt retrame d handling.	ed and   5	/1/08
				r			The state of the s	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRÉSENTATIVE'S SIGNATURE

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(X6) DATE

NAME OF P	EMENT OF DEFICIENCIES PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			A. BUIL		(X3) DATE SURVE COMPLETED	
NAME OF P	OF PROVIDER OR SUPPLIER STR			B. WIN	· · · · · · · · · · · · · · · · · · ·	02/	28/2008
	ROVIDER OR SUPPLIER				Y, STATE, ZIP CODE		MOTEVIO
NCC			WASHIN	H ST, NW IGTON, DC	20012		
(X4) ID PREFIX TAG	TX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		FIIII	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT) CROSS-REFERENCED TO TO DEFIGIENCY	ON SHOULD BE HE APPROPRIATE	COMPLET DATE
1 082	Continued From pag	je 1	<u> </u>	1 082			<del>- </del>
1 082	3503.10 BEDROOM	S AND BATHROOM	IS	1 082			
	Each bathroom that equipped with toilet to dispenser, soap for hadequate lighting.	issue, a paper towel	and cup				
fa	This Statute is not m Based on observation ailed to ensure bathr equipped with a pape	n and interview, the Cooms each bathroon	SHMRP n was				
∫ τ	he finding includes:					,	
in 26 ar Re	Observations of the G Iterview with the Hou 8, 2008 revealed a ro rea behind the toilet i esident #1's bedroon spenser in the bathro issing the bar that ho	se Manager on Febroil of paper towel on the bathroom local or the paper towel on was observed to the paper towel towel to the paper towel towel towel towel to the paper towel towel towel to the paper towel towel to the paper towel to the paper towel towel towel towel to the paper towel towe	ruary the ted in	· .	I082 The paper towel dispens repaired/replaced.		4/1/08
1090 35	i04.1 HOUSEKEEPIJ	NG .	1	1090			. ,
Th ma and acc	e interior and exterior aintained in a safe, of d sanitary manner ar cumulations of dirt, n ors.	or of each GHMRP si lean, orderly, attraction	hall be ve,		:		
Bas faile mai	is Statute Is not met sed on observation a sed to ensure the inte intained in a orderly, nner.	nd interview, the GH flor of the facility was	.	·			
The	findings include:						

AND PLAN	ATEMENT OF DEFICIENCIES D PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HFD12-0002			(X2) M A. BUII B. WIN	<del></del>	(×3)	DATE SURVEY COMPLETED
NAME OF	PROVIDER OR SUPPLIER		STREET AL 6809 9TH WASHING	ST. NW	PY, STATE, ZIP CODE	···	02/28/2008
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY F C IDENTIFYING INFORMA	F111 1	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCY	ION SHOULD BE HE APPROPRIA	(X5) COMPLET TE DATE
i 161	Continued From page Observation and intermediate on February 28, 2006. There were carpet at located in the living movers several discolor on the area above the beneath the window hand on the interior from the House Manager movers caused by blead 3507.2 POLICIES AN The manual shall be a body of the GHMRP a least annually.	erview with the House environmental walkthe revealed the follows ains observed on the com. Additionally, the ations on the carpet a stairwell near the knocated in the living rout stairwells. Interviewealed the discolorate.  D PROCEDURES	carpet ere located itchen, com ew with ations	I 090	I090 The carpet will be repai	· <u> </u>	5/1/08 ed.
I 186 35	This Statute is not me Based on interview and BHMRP falled to province the procedures annually. The finding includes: atterview with the Progressiew of the policy and abruary 28, 2008 failed a agency's policy many iewed and approved a required.  108.5(c) ADMINISTRA at shows the following:	d record review, the de evidence that its de dits policies and am Coordinator and procedure manual of to provide evidence had had not been by the governing and TIVE SUPPORT	on e that nually		I161 The Chief Executive Offithas reviewed and signed agencies policy and processing these policies and prevery January.	the edure eview and	3/15/08

AND PLAN	EMENT OF DEFICIENCIES PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIE IDENTIFICATION NU				ULTIPLE CONSTRUCTION LDING	(XS) DATE COMI	E SURVE PLETED
		HFD12-0002			02/28/2		
NAME OF	AME OF PROVIDER OR SUPPLIER				TY, STATE, ZIP CODE	<u> </u>	الارتجاب
NCC			6809 9TI WASHIN	i ST, NW GTON, DO	20012		
(X4) ID	SUMMARY STAT	TEMENT OF DEFICIENCIE	S	ID	PROVIDED SI AN OF	Managa Mari	,
PREFIX TAG	(EACH DEFICIENCY REGULATORY OR LS	MUST BE PRECEDED BY IC IDENTIFYING INFORMA	FULL TION)	PREFIX TAG	PROVIDER'S FLAN OF ( (EACH CORRECTIVE ACT) CROSS-REFERENCED TO TO DEFICIENCY	ON SHOULD BE HE APPROPRIATE	COV
J 186	Continued From pag	je 3	-	I 186		· · · · · · · · · · · · · · · · · · ·	<del>  -</del>
	(c) The categories are and direct care staff, This Statute is not meased on interview a procedures manual, the evidence of an organithe categories and nudirect care staff. The finding includes: Interview with the Property 28, 2008 and procedure is 2008 and February 28 organization chart failed.	and  net as evidenced by: nd review of the politication of the continuation review of the continuation of the continuation review of th	cy and provide epicted and RP's 27,		I186 NCC has revised the Or Chart to include categor number of direct care st	ies and	3/15
n	numbers of supportive	and direct care stat	Ŧ.	203	·		
E	ach supervisor shall c escriptions with each mployment and at lea	liscuss the contents employee at the bea	of job				
Ba Gi su de	his Statute is not met ased on interview and HMRP failed to provid pervisor discussed the escriptions with each e their employment and	record review, the le evidence that the e contents of job employee at the begi	nning				
Th	e finding includes:			1	<b>.</b>		
rev 200 pro	erview with the Complyiew of the personnel of the personnel of the personnel of the transport of transport of the transport of the transport of transport of the transport of trans	records on February of the GHMRP falled ven nurses had the	27, to	1	I <b>203</b> NCC will obtain signed jo lescriptions for all staff.	b	1/1/08

ÁNDP	EMÊNT OF DEFICIENCIES PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM	/ÇLIA BER:	A BUIL		(X3) DATE COMP	SURVE LETED
<u> </u>	···	HFD12-0002		B. WIN	G	02/	28/200
NAME	OF PROVIDER OR SUPPLIER	i i		• •	CITY, STATE, ZIP CODE		
NC	<b>S</b>		6809 9TH S' WASHINGTO		20012		
(X4) PREF TAC	FIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FU C IDENTIFYING INFORMATI	JLL ON)	ID PREFIX TAG	PROVIDER'S PLAN OF GO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	CON
12	203 Continued From pag	je 4	1	203			+
	them at the beginnin annually thereafter.	g of their employment	and/or				
12	3509.6 PERSONNE	L POLICIES	1:	206			
	certification that a he performed and that it	r to employment and hall provide a physicia alth inventory has been employee's healther to perform the requi	n status	·			-
	This Statute is not me Based on Interview an GHMRP failed to ensuprior to employment at provided evidence of a that documented a heaperformed and that the would allow him or her duties.	Id record review, the ure that each employed annually thereafter aphysician's certification alth inventory had bee employee's health st	on n				
	The finding includes: Interview with the Com- review of the personnel 2008 and February 28, PM revealed the GHMF evidence that current he file for two consultants, staff.	records on February 2008 beginning at 1:3 RP failed to provide ealth certificates were	27,   1.	1	<b>I206</b> NCC will obtain health cert for all staff and consultants.	ificates	5/1/08
1 227	3510.5(d) STAFF TRAIN	NING	1 227				
	Each training program s limited to, the following:	hall include, but not be					•

STATEME AND PLAN	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLI IDENTIFICATION NO	ER/CLIA JMBER:	A. BUIL		COMP	SURVEY PLETED		
		HFD12-0002		B. WIN	G	0.2	/28/2008		
NAME OF	PROVIDER OR SUPPLIER		1	REET ADDRESS, CITY, STATE, ZIP CODE					
NCC			6809 91 WASHII	TH ST, NW NGTON, DC	20012				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FIII	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE 4E APPROPRIATE	COMPLET DATE		
1227	Continued From pag	ge 5		1227		<u> </u>	<del> </del>		
	(c) Infection control	for staff and resident	ts;						
	This Statute is not no Based on interview a failed to provide evid nurses, had current of Cardiopulmonary ReFirst Ald.	and record review, the ence that all staff, in pertification in	ie fącility icluding						
	The finding includes:								
	Interview with the Pro Compliance Specialis GHMRP's personnel in revealed the GHMRP of current CPR certific six staff. Additionally, provide evidence of current of currents.	t and review of the files on February 28, failed to provide evi ation for three nurse the GHMRP failed t	, 2008, dence es and		I227 All staff will be trained it Aid, and infection conte	n CPR, First	5/1/08		
1 260 3	8512.1 RECORDKEEI PROVISIONS	PING: GENERAL		1260					
a	ach Residence Direct nd accurate records a nis section.	tor shall maintain cu and reports as requir	rrent red by	·			1		
Ba He fa	his Statute is not met ased on interview and ome for Mentally Rela iled to maintain each the five residents (Re	l record review, the our arded Persons (GHN residents' records, fi	(RP)				•		
Th	ne finding includes:				·				
27 obs fro	erview with the reside , 2008 at 12:49 PM re served to have a large m a hemorrhoid in Fe	vealed Resident#4 amount of bleeding	was						

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AND PLA	IENT OF DEFICIENCIES AN OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	ER/CLIA IMBÉR:	A. BUII		(X3) DATE COMP	Survey Leted
	<u></u>	HFD12-0002		B. WIN	IG	024	9 <i>9/</i> 000
NAME OF	F PROVIDER OR SUPPLIER	,			IY, STATE, ZIP CODE	UZI	28/200
NCC	· · · · · · · · · · · · · · · · · · ·		G809 9TH WASHIN	H ST, NW GTON, DC	20012		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY IC IDENTIFYING INFORMA	ET IT I	IÓ PREFIX TAG	PROVIDER'S FLAN OF C (EACH CORRECTIVE ACTIVE CROSS-REPERENCED TO THE DEFICIENCY	DN SHOULD BE IE APPROPRIATE	COM
1 260	Continued From pag	ie 6		1 260	1260		<del>                                     </del>
·	to the nurse, the epis while Resident #4 was hospital. The nurse of the blees nurse subsequently in Primary Care Physici instructed the nurse to the emergency room discussion with the nursing staff at the howith the bleeding and There was no docume services provided to Fistaff at the hospital.	sode of bleeding occas visiting Resident # explained that staff in ding via telephone a nformed Resident # an (PCP). The PCP to have the resident in the hospital. Concurse revealed that the inspital assisted Resident #4 by the notated that the cleeding stoppe entation that indicated Resident #4 by the notated the cleeding to the notated resident #4 by the notated reside	#5 in the informed ind the the taken to tinued e dent #4 d. the tursing	1230	Resident #4 was visiti #5 at the hospital where he had an episo bleeding due to his hemorrhoids which is diagnosis for him and does receive treatment when such occurs, which our staff did pro- that time. No assistance needed or given by ho , and definitely their wa for emergency room vis	de of rectal a current at home vide him at was espital staff s nor need it. Training	4/12
1	interview with the Prog February 28, 2008, re- not seen at the emerge the PCP. Additionally, that the incident was de Resident #4's record, in given by the PCP. At the GHMRP failed to ensur- maintained in Resident	realed that the residency room as directs there was no evider ocumented by the nucluding the instruction of the survey the relevant information.	ent was ed by ice urse in ions	•	on proper reporting, foll documentation to be don 4/12/08.	ow-up, and e by	
1271 3	3513.1(b) ADMINISTRA	ATIVE RECORDS	1	271			
E	ach GHMRP shall mal gency 's inspection, at dministrative records:	intain for each autho	nized				
) GE	Personnel records for escriptions either at the fice and made available	GHMRP or in a cer	ob ntral				
Ba   G⊦	nis Statute is not met a ased on interview and r HMRP failed to provide asonnel records.	ecord review the	s				

AND PLAI	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	R/CLIA MBER:	A. BUIL		(X3) DATE COME	SURVEY LETED
NAME OF	PROVIDER OR SUPPLIER	HFD12-0002	STORET ADDE	B. WING	GY, STATE, ZIP CODÉ	02	/28/2008
NCC	THOUSE OF BUILDING		6809 9TH S WASHINGT	T. NW			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRÉCEDED BY IC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION 8 CROSS-REFERENCED TO THE A DEPAREE OF THE ACTION OF THE ACT	HOULD BE	COMP
	Continued From page The finding includes Interview with the Pricebruary 28, 2008 at personnel files on February 28, 2008, the evidence of personnel coordinator and the state of the state	ogram Coordinator of review of the GHP abruary 27, 2008 and the facility failed to prove the coords for the Proprimary Care Physics RATIVE RECORDS thaintain for each autility at any time, the folk at any time, the folk at as evidenced by:  The Group Home of the GHMRP failed the GHMRP thairs and coordinator on review of the GHMRP thairs 27, 2008 and called the GHMRP failed the G	on MRP's ovide ogram lan.		I271 NCC has obtained persons for both identified staff.  I274 NCC has obtained consulting contract from guest services Nutritionist.		3/15/08
In ea	519.10 EMERGENCIE  addition to the reporti ach GHMRP shall noti ealth, Health Facilities	ing requirement in 35 fy the Department of	1	•	•		

AND PLAN	NT OF DÉFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM	RER:	A. BUILDII		(X3) DAT	TE SURV MPLETEC
LIALE NE -		HFD12-0002		B. WING_		1 0	2/28/2
NCC	PROVIDER OR SUPPLIER	1	6809 9TH		STATE, ZIP CODE 0012	······································	<u></u>
(X4) ID PREFIX TAG	(EACH DEFICIENCY)	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FI C IDENTIFYING INFORMATI	ULL ION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TO DEFICIENCE	ION SHOULD BE HE APPROPRIATE	cc
1	unusual incident or e interferes with a resident arrangement, well be places the resident a be made by telephon followed up by written	vent which substantia lent 's health, welfan ing or in any other wa t risk. Such notificatio e immediately and sh	e, living ay on shall aall be	1379			
F C H n h in	tealth, Health Facilitie lotified, followed by w lours, of unusual incio nterfered with a reside	et as evidenced by:  Id record review, the  Ire the Department of  S Division was imme-  ritten notification with  lents that substantially  ent's health, for one of  It #5) that resided in the	diately in 24 y f the				
Reint 2:: ev	vestigations on Febru 57 PM , revealed the ridence that the Depa	s incident reports and ary 27, 2008 beginning facility failed to provide trnent of Health was incident (within 24 ho	ng at Je				·
pai em wa:	sident #5 complained in. The resident was lergency room for eva s hospitalized from Fa	staff documented the lof chest and stomad subsequently to the luation. Resident #5 bruary 14, 2008 throad lagnosis of gastritis	sh	NO DO	79 CC faxed the identified OH on 2/15/08. See attachment #1)	incident to	2/15/
(on	Pruary 27, 2008) and t	ompliance Specialist he Program Coordina nd further review of the rovide evidence that the	ator he				·

AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLL/ IDENT(FICATION NUMBER:			(X3) DATE COMP	SURVEY LETED
MAAR OF		HFD12-0002			02/	/28/2008
NCC	PROVIDER OR SUPPLIER	680	et address, co 9 9TH ST, NW 8HINGTON, DC	Y, STATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	CEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE IE APPROPRIATE	COMP
I 379	Continued From pag Department of Healt	h was notified of the	1 379			
1473	aforementioned incides 3522.4 MEDICATION		1-473			
	The Residence Directiregularities in the rethe prescribing physic	sident 's drug regimens t	•			
1	review, the GHMRP fa the Residence Directo the residents' drug rec	<ul> <li>interview, and record ailed to provide evidence or reported irregularities in gimens to the prescribing he five residents (Residented)</li> </ul>			•	
a n	evealed the nurse ass	uary 27, 2008 at 6:12 PM isted Resident #5 with his ent was observed to take				
Reactive solutions and the solutions and the solutions are solutions as a solution are solutions as a solution and the solutions are solutions as a solution are solutions as a solution are solutions. The solutions are solutions are solutions are solutions as a solution are solutions as a solution	eview of Resident #57 dministration record or exealed the the aforem the duled to be administerview with the Regist, 2008 revealed that the regiven one hour be heduled time. Further se revealed that the sinopril at 6:12 PM coror. At the time of the	s medication In February 28, 2008 Inentioned medication was stered at 8:00 PM. Itered Nurse on February the medication could have fore or one hour after the Indication of the Instituted a medication Survey, the GHMRP Tether that medication error		I473 The Nurse that administ medications on the mentis no longer at NCC. Traired ministration of medical administration will be dor Nurses by 4/12/08	ered ioned date ning on tion	4/12/08

STATEMEN AND PLAN	TATEMENT OF DEFICIENCIES ID PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLI IDENTIFICATION NUMBER				IULTIPLE CONSTRUCTION LDING	(X3) DATE SURVEY COMPLETED	
NAME OF S	MOMPH OF CHEST	HFD12-0002		B. WIN	(G	02/2	8/2008
_	ROVIDER OR SUPPLIER	·	\$809 9TH		TY, STATE, ZIP CODE		
NCC			WASHING?	TON, DO	20012		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY I SC IDENTIFYING INFORMA	‡ULL Í	PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPL DEFICIENCY)	ULD BE	(X5) COMPLE DATE
R 000	INITIAL COMMENT	S		R 000			,
R 122 4	from February 27, 2 2008. A random sai selected from a resionales residents with disabilities. The sur- observations in the greview of records, inc.  \$1701.2 BACKGROU  Except as provided in	re survey was conductions through February mple of three resident dential population of the mental retardation a vey findings were bas group home, interview cluding incident report ND CHECK REQUIR in section 4701.6, each	ts was five and other sed on a sand a ts.	122			
b	und shall either obtain District of Columbia N efore employing or u f an unlicensed pers		of the			·	
B G cl	HMRP failed to ensi necks had been obta	et as evidenced by: nd the review of recor ure criminal backgrou ained before employin vices of an unlicense	ind Ig or				
п	e finding includes:						
20 evi ob	view of the personne 07 revealed that the idence that criminal tained prior to emplo	gram Coordinator and el records on February GHMRP failed to pro- background checks volving and using the m Coordinator and on	y 28, ovide vere		R122 NCC has obtained criminal background checks for the two identified staff.		/1/08
R 125 47(	)1.5 BACKGROUND	CHECK REQUIREN	MENT R 1	25			
Cnin	ninal history of the p	nd check shall disclos rospective employee	e the or			1	
	Administration		<del></del>				

AND F	MENT OF DEFICIENCIES LAN OF CORRECTION	(X1) PROMDER/SUPPLII IDENTIFICATION NU HFD12-0002	IMBER:	A. BUILD B. WING		- COM	E SURVEY IPLETED 2/28/2008
N C	OF PROVIDER OR SUPPLIER		6809 9TH		Y, STATE, ZIP CODE 20012		
(X4) PREI TAI	EACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIVE CROSS-REFERENCED TO TH DEFICIENCY	N SHOULD BE E APPROPRIATE	COMPLETE DATE
R1	contract worker for the in all jurisdictions with employee or contract resided within the secheck.  This Statute is not in Based on interview as GHMRP failed to ensighted the prospective employed previous seven (7) years prior to the worker had worked of (7) years prior to the The finding includes:  Interview with the Proneview of the personn 2008, revealed that the evidence that criminal on file and disclosed at the jurisdictions where worked for four staff.	the previous seven (ithin which the prospect worker has worked has worked even (7) years prior to the tas evidenced by: and record review, the criminal history of a e or contract worker ears, in all jurisdiction e employee or contract resided within the scheck.  gram Coordinator are if records on Februale GHMRP failed to proceed the contract worker examples as a seven year history in the seven year histor	ective for office ound iny for the ns within act seven	* 1276.F	R125 NCC utilizing Choice po criminal background che agency reviews seven ye background history in all resided during that time. attachment #2)	cks. This ars of iurisdiction	3/15/08
in Regul	ition Administration		<del></del>				

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